

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90066 038 ***150.00

DOCUMENT # K20009

1. Corporation Name

PALMETTO MEAT SHOP, INC.

Principal Place of Business

% ROGER R. TALBOT
1810 10TH ST W
PALMETTO FL 34221

Mailing Address

% ROGER R. TALBOT
1810 10TH ST W
PALMETTO FL 34221



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1988

4. FEI Number

65-0043841

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

TALBOT, ROGER R.
1810 10TH ST W
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME TALBOT, ROGER R.
STREET ADDRESS 1810 10TH ST W
CITY-ST-ZIP PALMETTO FL

TITLE T ☐ DELETE

NAME STIVERS, ROBIN
STREET ADDRESS 7602 17TH AVENUE NW
CITY-ST-ZIP BRADENTON FL

TITLE S ☐ DELETE

NAME TALBOT, DAVID
STREET ADDRESS 933 BYRON CT.
CITY-ST-ZIP SARASOTA FL

TITLE AVP ☐ DELETE

NAME HILL, NICOLE
STREET ADDRESS 2421 51ST STREET CT, E.
CITY-ST-ZIP PALMETTO FL

TITLE AS ☐ DELETE

NAME CORIGLIANO, AUDREY
STREET ADDRESS 3000 GULF DR., APT 4
CITY-ST-ZIP HOLMES BEACH FL

TITLE VP ☐ DELETE

NAME TALBOT, CLAUDETTE C.
STREET ADDRESS 7619-2ND AVENUE, WEST
CITY-ST-ZIP BRADENTON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)